LIFE AND DEATH **Iona Heath**

An open letter to the prime minister

Dear Mr Brown

On 8 January this year, David Beckham emerged from a meeting with you at 10 Downing Street saying: "He's a very good man, you know, he's a man that's looking after our country and he's doing a very good job." I want to believe this ringing endorsement for the sake of the National Health Service. Sadly, the day before you met David Beckham you gave a speech that makes it difficult for me to sustain any such belief.

Your speech had two ostensibly worthy themes: access and prevention. Elaborating on both, you made some astonishingly simplistic statements, which obliged me both to question the quality of your advisers and to ponder the point at which a distorted claim becomes a lie.

On the subject of access, you describe your ambition in these words: "An NHS which is personal to the patient not just because it's available at a time to suit you, with the clinician of your choice, in the setting and environment which meets your needs, but also because it works directly for your needs and wishes."

How can such a hyperbolic claim possibly be realised? For some patients in some situations, I am the clinician of choice but I can never be available at a time to suit the wishes of each one of them. Not only can I not be available to two different patients simultaneously, I also have commitments to teaching, to meetings with colleagues, and to my family and friends. Is it good, or even responsible, to make a claim which everyone knows is impossible? I understand that as a politician you are dependent on a democratic mandate and must strive to accord the wishes of every citizen equal importance, but you should also be capable of understanding that I, as a doctor, must prioritise my necessarily limited time and ability according to need. How can politicians and professionals ever work together constructively for the benefit of citizens if politicians make claims fully aware that professionals are powerless to fulfil them?

On prevention, matters are even worse. You offer an NHS which: "Identifies your clinical needs earlier than before, is targeted to keeping you healthy and fit, and puts you far more in control of your own health and your own life. And in the long run a preventive service personal to your needs is beneficial not just to individuals but to all of us as we reduce the cost of disease."

The last sentence proclaims a new Beveridge fallacy for the new century. In his 1942 report which led directly to the creation of the National Health Service, Sir William Beveridge envisaged "a health service which will diminish disease by prevention and cure." He foresaw "development of the service and as a consequence of this development a reduction in the number of cases requiring it." Beveridge was planning seismic social change and could be forgiven his optimism. You have no such justification and, by making the same mistake and appearing to believe that by investing in prevention the service can reduce the cost of disease, you endanger the enduring social solidarity that is Beveridge's legacy.

Medical science does not save lives, it defers death. No one lives for ever and, on average, a quarter of a lifetime's costs of health care are incurred in the last year of life, whenever death occurs. Preventive health care, when it lengthens lives, exposes people to other health risks and cannot reduce costs. You imply that preventive health screening is an entirely benign endeavour and you make absolutely no mention of the well recognised harms of screening. When those who consider themselves healthy submit themselves to screening, they confront the possibility of serious disease and inevitably this can cause a burden of anxiety that varies from the trivial to a severity amounting to disease in itself. Every screening test gives both false positives and false negatives: the one dangerously reassuring, the other leading inevitably to further investigations that become increasingly invasive and risky.

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I do not wish to undermine the importance or achievements of preventive medicine which include the huge benefits of mass immunisation against infectious disease. However, I urge you to recognise the extent to which contemporary preventive medicine has got itself trapped on a treadmill of risk factors. Enormous amounts of population data are analysed to identify characteristics associated with disease. Then, often bypassing the essential stage of establishing precisely how each risk factor contributes to the development of the disease, costly procedures and treatments are put in place to minimise the risk factor with the confident assumption that the incidence of the disease will thereby be reduced. Sometimes this happens, more often it does not. Too often, particularly in old age, one disease is prevented only to be replaced by another.

Your problem as the financial custodian of the health service is that much of the burgeoning pharmaceutical treatment of risk factors is futile. Once a risk has been identified and treatment initiated, there is no way of knowing whether the treatment is effective but, none the less, it must be continued. The outcomes are negative, can only be measured at the population level, and cannot be assessed in relation to the individual taking the medication. A health service based on need and the relief of suffering is affordable by a tax paying population; one based on treating every identifiable risk factor is not.

What does it mean to be good? Does it include offering the public an unattainable disease free future, the satisfaction of every wish, and an impossible availability of individual clinicians? Public confidence built on the shifting sands of unrealisable claims cannot last long. Whatever happened to prudence?

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